

DATE: February 13, 2004

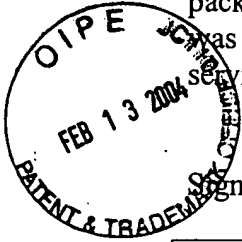
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| Atty. Docket No. | Serial Number | Description | Atty. | Fee |
|------------------|---------------|--|-------|--------|
| STAN-072CON | 09/682,667 | Transmittal, Response to Office Action, Request for Extension of time <i>in duplicate</i> , postcard | PJS | \$475 |
| *LIFE-072CON6 | 10/666,846 | Transmittal, Fee Transmittal <i>in duplicate</i> , Preliminary Amendment, postcard | FPB | \$64 |
| *LIFE-017CON | 10/379,463 | Issue Fee Transmittal <i>in duplicate</i> , postcard | CML | \$1630 |

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| | | | |
|---|---|--|-------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 09/682,667 |
| | | Filing Date | October 4, 2001 |
| | | First Named Inventor | HSUEH, AARON, J.W. |
| | | Group Art Unit | 1642 |
| | | Examiner Name | HUFF, SHEELA JITENDRA |
| Total Number of Pages in This Submission | 10 | Attorney Docket Number | STAN-072CON |
| ENCLOSURES (check all that apply) | | | |
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Postcard | RECEIVED FEB 26 2004 |
| Remarks | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
| Signing Attorney/Agent (Reg. No.) | PAMELA J. SHERWOOD. 36.677 BOZICEVIC, FIELD & FRANCIS LLP | | |
| Signature | | | |
| Date | February 13, 2004 | | |

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